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1988
Annual Statistical Report

Prepared by

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American Association of Colleges of Osteopathic Medicine

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Tulsa, Oklahoma 74107
(918) 582-1972

College of Osteopathic Medicine of the Pacific
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Pomona, California 91766
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Kirksville College of Osteopathic Medicine
800 West Jefferson
Kirksville, Missouri 63501
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Michigan State University College of Osteopathic Medicine
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(517) 355-9611

New York College of Osteopathic Medicine of New York Institute of Technology
Wheatley Road, Box 170
Old Westbury, New York 11568
(516) 626-6900

Ohio University College of Osteopathic Medicine
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Athens, Ohio 45701
(614) 593-1800

Philadelphia College of Osteopathic Medicine
4150 City Avenue
Philadelphia, Pennsylvania 19131
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Southeastern College of Osteopathic Medicine
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North Miami Beach, Florida 33162
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Texas College of Osteopathic Medicine
Camp Bowie at Montgomery
Fort Worth, Texas 76107
(817) 735-2000

The University of Health Sciences-College of Osteopathic Medicine
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Kansas City, Missouri 64124
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University of Medicine and Dentistry of New Jersey - School of Osteopathic Medicine
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University of New England College of Osteopathic Medicine
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400 North Lee Street
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LOCATION OF COLLEGES OF OSTEOPATHIC MEDICINE

TABLE I

THE OSTEOPATHIC PROFESSION

Distribution of Osteopathic Physicians, as of July 15, 1988

Location	Number of Osteopathic Physicians	Location	Number of Osteopathic Physicians
Alabama	67	Nevada	83
Alaska	28	New Hampshire	30
Arizona	786	New Jersey	1,569
Arkansas	63	New Mexico	163
California	943	New York	1,074
Colorado	429	North Carolina	97
Connecticut	64	North Dakota	24
Delaware	97	Ohio	2,395
District of Columbia	20	Oklahoma	918
Florida	1,822	Oregon	280
Georgia	264	Pennsylvania	3,635
Hawaii	45	Rhode Island	129
Idaho	49	South Carolina	52
Illinois	941	South Dakota	39
Indiana	321	Tennessee	122
Iowa	719	Texas	1,719
Kansas	357	Utah	24
Kentucky	84	Vermont	38
Louisiana	33	Virginia	122
Maine	339	Washington	339
Maryland	98	West Virginia	256
Massachusetts	188	Wisconsin	300
Michigan	3,872	Wyoming	14
Minnestoa	104	Military Service	1,182
Mississippi	61	U.S. Public Health Service	123
Missouri	1,560	U.S. Territories	4
Montana	42	Canada	48
Nebraska	31	Foreign	197
		TOTAL	28,403

SOURCE: American Osteopathic Association

Trends

Enrollment held steady at around 6,600 students in the 15 osteopathic medical schools during the academic year ending June 1988. This level approaches the all-time high of the previous year. The number of students at the colleges this year was well over triple the enrollment twenty years earlier.

This year's enrollment of 1,692 new students declined 3 percent from the peak level of 1984, but exceeded freshmen enrollment of all years prior to 1983. The schools report that they expect moderate increases in freshmen enrollment during the next three years. This appears likely, for despite a decrease in the number of applicants, there were 2.3 seeking admission for each available seat in the schools. This ratio is much higher than those for other branches of the health professions.

The steady increase in women applicants and students reflects the growing role of women in osteopathic medicine. Women increased from 14 to 32 percent of all applicants since AACOMAS record keeping began in 1977. The number of women enrolled also increased, from 53 in 1968 to 1,904 in the current year. Among first-year students, the number rose from 2 percent in 1969 to 29 percent at present. Women now constitute more than one of every four graduating physicians.

Members of ethnic minority groups now make up more than 12 percent of the entering class; this compares with 5 percent in 1976. Asian-Americans are no longer underrepresented in the colleges, having risen from 15 to 108 freshmen in the last decade. Blacks, American Indians and Hispanics, who comprised 4 percent in 1976, now are 6.2 percent of the first-year student body. During 1987-88 the number of Black American freshmen increased from 26 to 38. The inclusion of more minority members is partly a result of stronger efforts on the part of the schools to increase minority recruitment and retention.

Almost all of the students graduate from the colleges and begin their medical career with high indebtedness. In 1987 the average debt was $60,000. This compared with $55,000 in 1986 and $50,000 in 1985. As the spiral climbs, many freshmen expect to owe over $70,000 when they graduate. These daunting astronomical debts -- some over $100,000 -- have undoubtedly discouraged many bright young people from entering the medical profession. Some new DOs are unable to specialize because of current economic pressure, while others feel compelled to turn from general practice to further study in order to increase their future earnings. The continued high price tag for a medical education threatens to perpetuate the spiral of high health costs for patients.

AACOMAS Applicants

The centralized application service of the Association, known as AACOMAS, processes applications for 13 of the 15 colleges of osteopathic medicine. This enables a prospective student to submit only one application but be considered for admission by more than one school.

For the 1988 entering class, AACOMAS processed 13,267 applications received from 3,030 applicants. This reflects a drop from 1987 of 8.9 percent of applicants and 11.1 percent of applications. The average applicant applied for admission to 3.9 colleges. There were 1,340 seats available in 1988, the same as in 1987. The ratio of 2.3 to 1 for seats in 1988 compares with 2.5 to 1 in 1987, but remains much higher than ratios for other branches of the health professions. In allopathic medical schools the ratio was 1.6 to 1. Ratios for dentistry and podiatry were even lower.

Table II

Applicants to AACOMAS Osteopathic Medical Schools

Ethnic Groups and Women by Entering Year

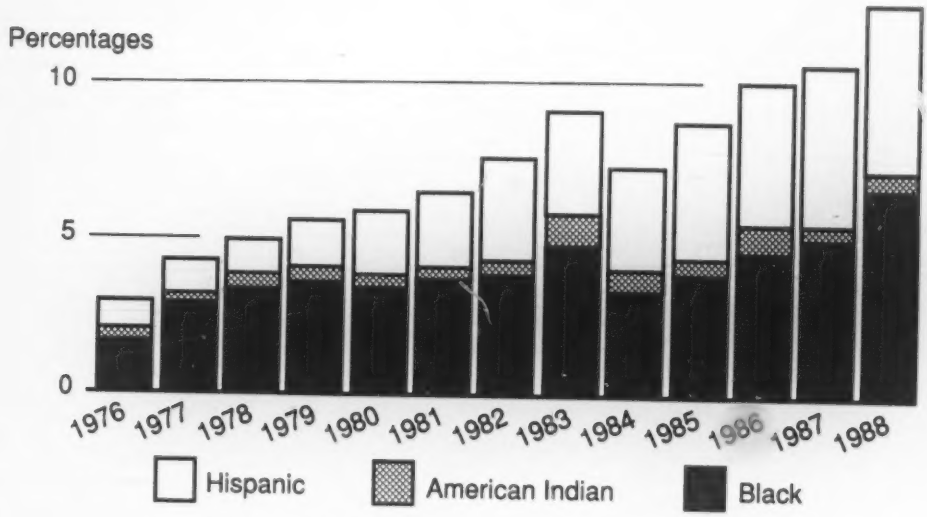
Group	Entering Year								
	1976	1978	1980	1982	1984	1985	1986	1987	1988
Black American	59	116	130	150	136	145	159	170	208
American Indian/Alaskan Native	14	18	15	16	27	21	31	19	20
Hispanic	33	38	76	128	140	170	164	165	153
Total Underrepresented Minority	106	172	221	294	303	336	354	354	381
Percent Underrepresented Minority	2.9	4.9	5.8	7.5	7.3	8.7	10.1	10.6	12.6
White, Non-Hispanic	3,539	3,299	3,467	3,484	3,633	3,332	2,946	2,684	2,376
Asian American/Pacific Islander	62	59	98	139	190	201	215	288	273
Total All Groups	3,707	3,530	3,786	3,917	4,126	3,869	3,515	3,326	3,030
Women	*	610	804	965	1,168	1,102	1,010	1,002	966
Percent Women	*	17.3	21.2	24.6	28.3	28.5	28.7	30.2	31.9

Note: Starting 1984, White Non-Hispanic may include about one percentage of applicants who did not provide ethnic identification.

*not available

Chart 1

The percent of underrepresented minority applicants has risen for 11 out of 12 years. It has more than quadrupled since 1976.



Over the past 12 years there have been sizable increases in the number of applicants in each ethnic minority group.

After reaching a peak of 4,126 applicants in 1984, the AACOMAS level has dropped each year at a rate of between five and ten percent. The ratio of women applying has increased every year since our record keeping began in 1977 rising from 14 to 32 percent. In absolute numbers it has increased by 73 percent since 1977, from 559 to 966. A similar increase in the ratio of women applicants has been reported in Canadian medical schools.

The percent of applicants from the underrepresented minority ethnic groups has risen almost every year, going from 2.9 percent in 1976 to 12.6 percent in 1988. The number of Black Americans has more than tripled; they constitute over half of the underrepresented ethnic group. The number of Hispanics has more than quadrupled. There were 14 American Indians and Alaskan Natives in 1976 and 24 in 1988.

The principal decrease in applicants is found among the white males. In the past three years they dropped by 23 percent, while other groups of applicants increased or dropped moderately. The 1988 level of 1,632 is approximately half the number of white male applicants in 1977.

Optic Nerve Test Card
78

Enrollment

As Chart 2 shows, the trend of freshmen enrollment in the colleges declined somewhat falling three percent from the 1984 peak level. The current number of new students, 1,692, surpasses enrollment in all years prior to 1983. While the number of applicants dropped in each of the four past years, it was still above 3,000 in 1988 for the 13 AACOMAS schools. We expect that enrollment in the colleges will remain fairly stable for the next few years.

From 1968 through 1986-87, total enrollment has been rising at an average of 265 students per year. In 1987-88, it declined by less than one percent. Five of the schools reported slight increases, nine decreased a bit, and one remained stable. The total number of students in the colleges in 1987-88 was 6,586, three and a half times the enrollment in 1968.

After a long upward trend, the number of new physicians graduating from the osteopathic medical schools dropped from 1,587 in 1986 to 1,564 in 1987. The number of graduates had risen in each of the three previous years, and may remain fairly stable during the next few years. (See Table IV, page 8)

Table III

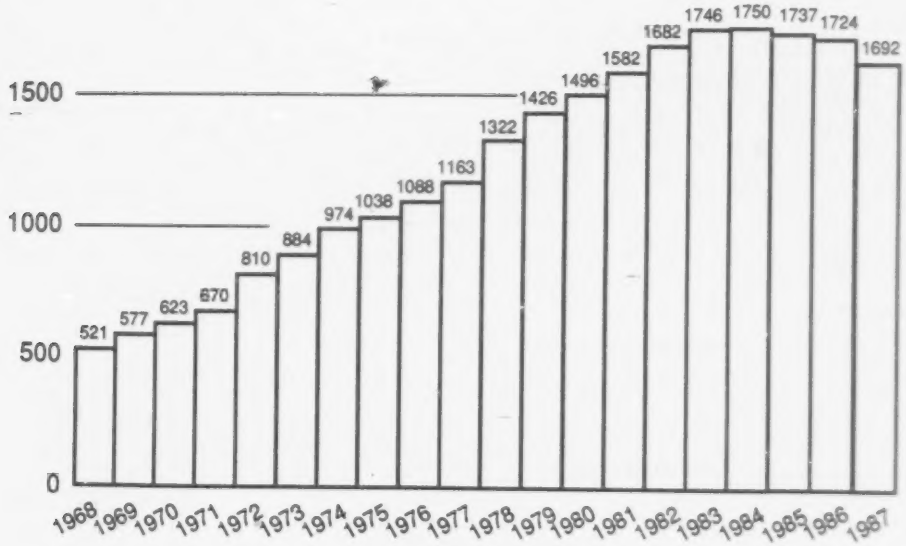
Number of Applications Received, First-Year Enrollment and Total Enrollment by School

Colleges	1986-87			1987-88		
	Applications	First Year Enrollment	Total Enrollment	Applications	First-Year Enrollment	Total Enrollment
CCOM	1,650	108	420	722	108	393
COMP	1,057	103	410	947	103	411
COM-OSU	804	81	308	764	65	282
KCOM	1,313	137	529	1,201	133	526
MSU-COM	829	126	492	823	125	505
NYCOM	1,260	136	517	1,177	132	515
OUCOM	1,080	101	391	1,061	107	390
PCOM	1,019	209	816	925	204	814
SECOM	1,051	107	371	1,083	103	400
TCOM	1,058	103	376	810	103	385
UHS-COM	419	129	553	365	129	532
UMDNJ-SOM	872	66	220	772	59	220
UNECOM	1,145	74	286	1,057	80	287
UOMHS/COMS	1,551	179	717	1,393	178	693
WVSOM	926	65	234	926	63	233
Total	16,034	1,724	6,640	14,026	1,692	6,586

Note: The number of applicants indicated above is not unduplicated, as in Table II. The same applicant reported here may be listed by several schools.

Chart 2

Increasing freshmen enrollment is tapering off near 1,700 after a long climb. This is more than three times what it was in 1968.

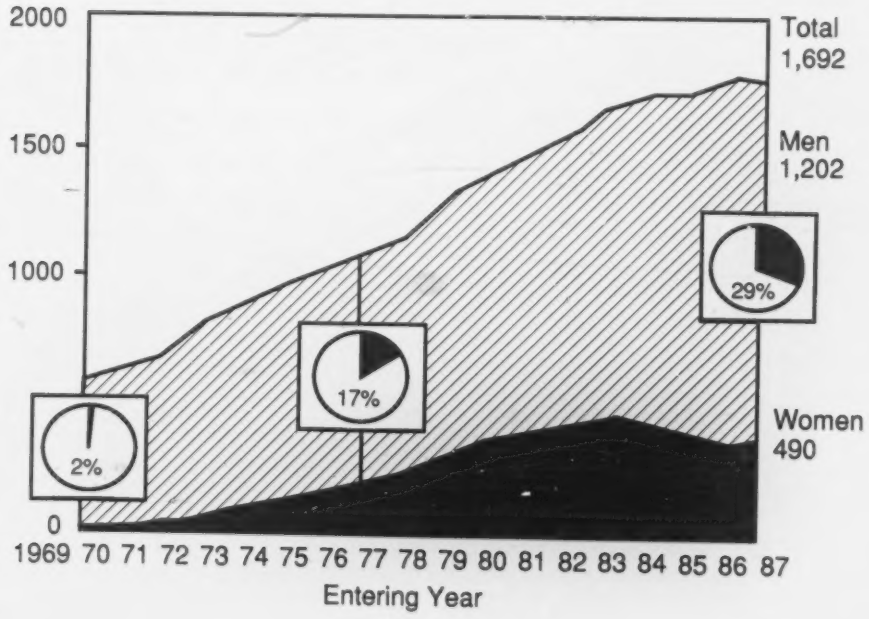


Women

Women as students and graduates have been a constantly growing segment in the osteopathic medical schools. Since 1968, when they constituted 2.8 percent of the enrollees and less than two percent of the graduates, the number of women increased to 29 percent of the student body and 28 percent of the graduating physicians. (See Table IV, page 8)

Chart 3

Since 1969, the number of women has risen
from 2 to 29 percent of the first-year students enrolled.



More than one of every four graduating osteopathic physicians is a woman.

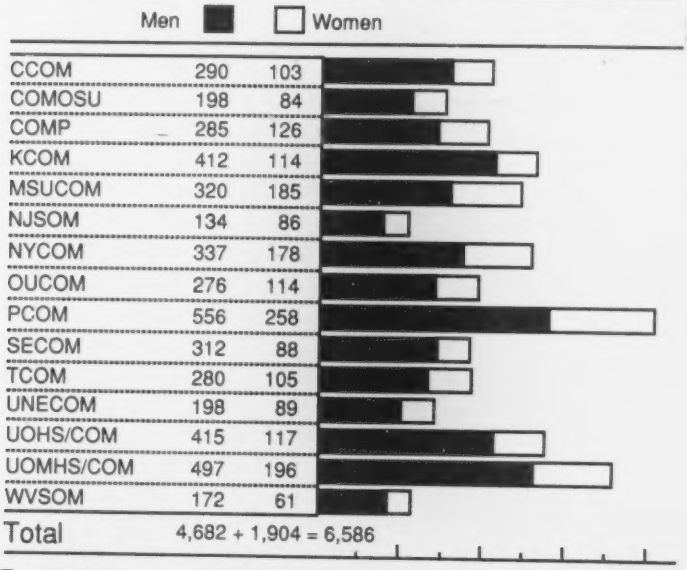
Table IV

First-Year and Total Enrollment and Graduates in Schools of Osteopathic Medicine in the U.S., by Sex, by Entering Year

Entering Year	First-Year Enrollment			Total Enrollment			Graduates		
	Total	Women	% Women	Total	Women	% Women	Total	Women	% Women
1968	521	21	4.0	1,879	53	2.8	427	8	1.9
1969	577	14	2.4	1,997	59	3.0	432	12	2.8
1970	623	17	2.7	2,151	61	2.8	472	11	2.3
1971	670	29	4.3	2,304	79	3.4	485	18	3.7
1972	810	56	6.9	2,579	116	4.5	649	18	2.8
1973	884	83	9.3	2,780	181	6.5	594	17	2.9
1974	974	106	10.9	3,139	267	8.5	702	44	6.3
1975	1,038	140	13.5	3,443	362	10.5	809	58	7.2
1976	1,088	179	16.5	3,671	472	12.9	908	84	9.3
1977	1,163	192	16.5	3,926	570	14.5	971	68	7.0
1978	1,322	222	16.8	4,221	688	16.3	1,004	163	16.2
1979	1,426	265	18.6	4,571	789	17.3	1,059	192	18.1
1980	1,496	329	22.0	4,940	971	19.7	1,151	202	17.6
1981	1,582	378	23.9	5,304	1,108	20.9	1,017	186	18.3
1982	1,682	428	25.4	5,822	1,317	22.6	1,317	261	19.8
1983	1,746	460	26.3	6,212	1,526	24.6	1,287	262	20.4
1984	1,750	511	29.2	6,547	1,707	26.1	1,474	344	23.3
1985	1,737	489	28.2	6,608	1,799	27.2	1,560	392	25.1
1986	1,724	471	27.3	6,640	1,853	27.9	1,587	412	26.0
1987	1,692	490	29.0	6,586	1,904	28.9	1,564	441	28.2

Chart 4

Number of total students enrolled in fifteen colleges by sex, 1987-1988



Twenty-nine percent of all students enrolled are women.

Minorities

The percentage of students in the underrepresented ethnic groups rose again in 1987, from 5.3 percent to 6.2 percent among the freshmen, and from 5.1 percent to 5.6 percent among all enrollees. In 1976 these minority groups comprised 4 percent of the freshmen and 3 percent of all enrollees.

The principal increase in 1987 was among Black American freshmen, who rose from 26 to 38 students. The number of Hispanics has increased almost every year, going from 12 in 1976 to 60 in 1987.

Asian-Americans are not considered underrepresented. Their number has risen from 15 freshmen in 1976 to 108 in 1987. The number of White non-Hispanics has increased by 44 percent over the years, but declined by 5 percent in the past year. (See Tables V, page 11 and VI, page 12)

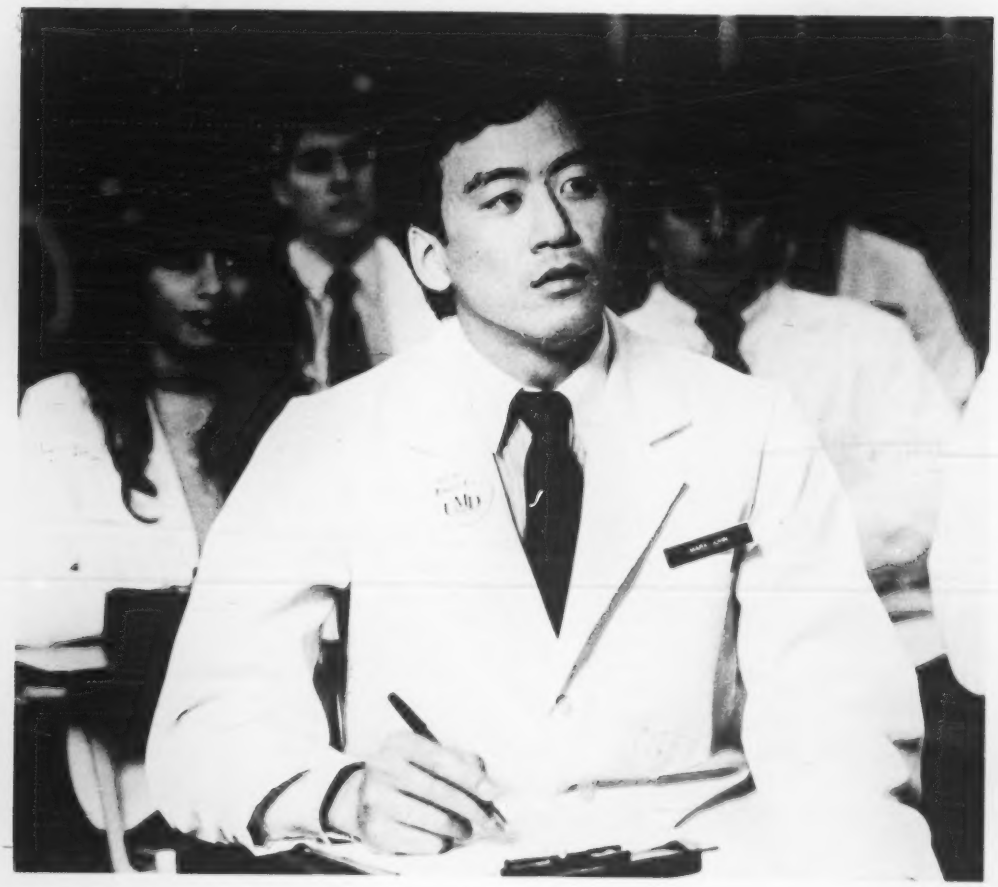


Chart 5

Ethnic minority group members have increased substantially at the colleges and now make up 12.6% of the freshmen. Black and other underrepresented minority members account for 6.2%.

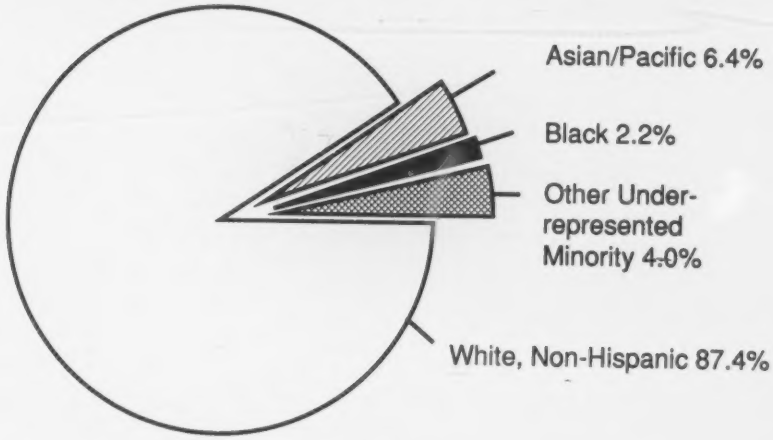


Table V

First-Year Enrollment in Osteopathic Medical Schools for Ethnic Groups, by Entering Year

Group	Entering Year							
	1976	1978	1980	1982	1984	1985	1986	1987
Black American	26	31	40	38	42	37	26	38
American Indian/Alaskan Native	6	10	8	10	17	10	9	7
Hispanic	12	17	18	33	54	68	56	60
Total Underrepresented Minority	44	58	66	81	113	115	91	105
Percent Underrepresented Minority	4.0	4.4	4.4	4.8	6.5	6.6	5.3	6.2
White, Non-Hispanic	1,029	1,248	1,397	1,555	1,590	1,552	1,560	1,479
Asian American/Pacific Islander	15	16	33	46	47	70	73	108
Total All Groups	1,088	1,322	1,496	1,682	1,750	1,737	1,724	1,692

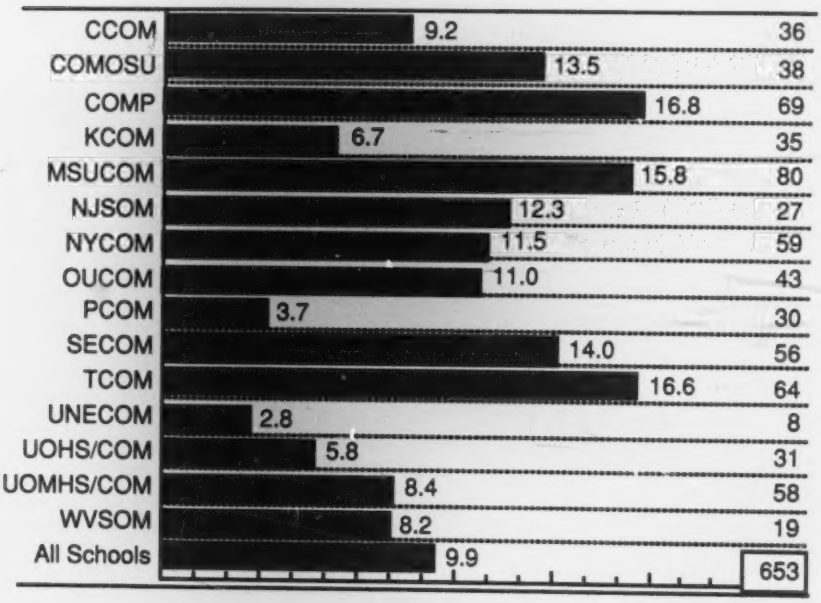
Table VI

Total Enrollment in Osteopathic Medical Schools
for Ethnic Groups, by Entering Year

Group	Entering Year							
	1976	1978	1980	1982	1984	1985	1986	1987
Black American	70	87	94	116	126	125	117	122
American Indian/Alaskan Native	16	24	19	25	50	48	42	36
Hispanic	27	36	52	81	126	158	182	208
Total Underrepresented Minority	113	147	165	222	302	331	341	366
Percent Underrepresented Minority	3.1	3.5	3.5	3.8	4.6	5.0	5.1	5.6
White, Non-Hispanic	3,516	4,029	4,688	5,467	6,079	6,075	6,057	5,933
Asian American/Pacific Islander	42	45	87	133	166	202	242	287
Total All Groups	3,671	4,221	4,940	5,822	6,547	6,608	6,640	6,586

Chart 6

Total enrollment of minority ethnic groups, percent by school.



Some large schools with low percentages may actually have more minority students enrolled than other schools with higher percentages.

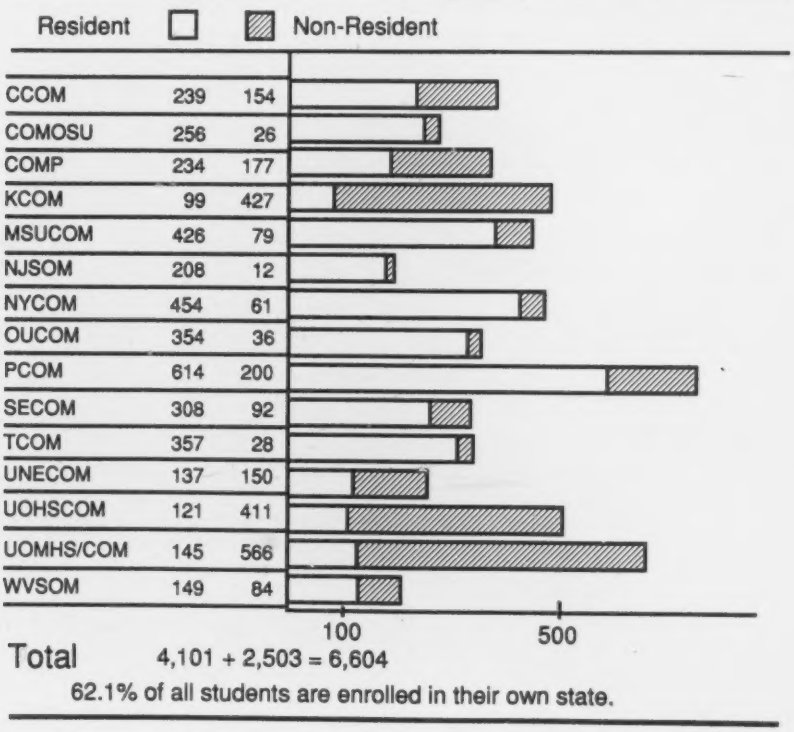
Students

As in the previous year, 62 percent of all osteopathic medical students were attending colleges in their home state. The principal reasons for their doing so are lower costs for home-state students, preference to be near their families and friends, plans to practice near schools where they may obtain lower rates, and the general attraction of the osteopathic medical school for students of the same state.

Almost 9 out of 10 freshmen came to the osteopathic medical schools right after receiving undergraduate degrees. Seven percent had already earned master's degrees, and almost two percent had obtained their doctorates. These figures had scarcely changed from the previous year.

Chart 7

Number of state residents and non-residents enrolled by school

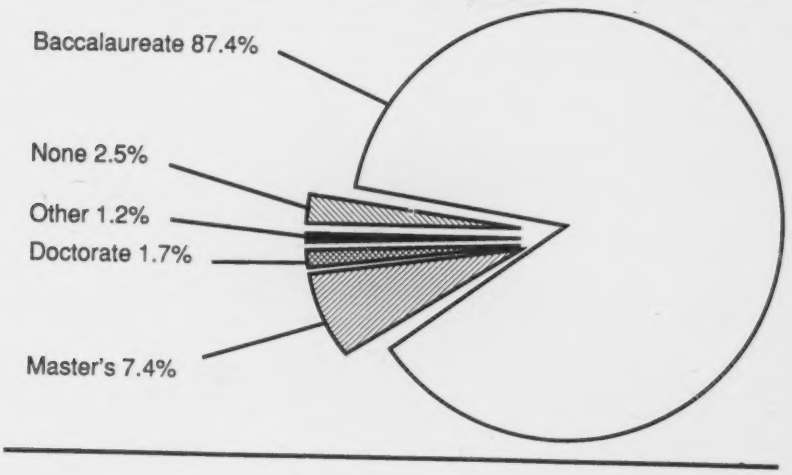


Total 4,101 + 2,503 = 6,604

62.1% of all students are enrolled in their own state.

Chart 8

The baccalaureate was the highest degree earned by 87% of the first-year students.
One out of 11 new students had a master's degree or a doctorate.



Grade-point averages and MCAT scores also were similar to those of the previous year's entering freshmen. They were:

Mean grade-point average		3.19
MCAT -	Biology	8.0
	Chemistry	7.4
	Physics	7.4
	Science	7.3
	Reading	7.4
	Quantitative	7.0

The attrition rate is low in the colleges. In 1987, only 2.2 percent of the students withdrew or were dismissed from the schools. The major cause is reported to be academic problems.

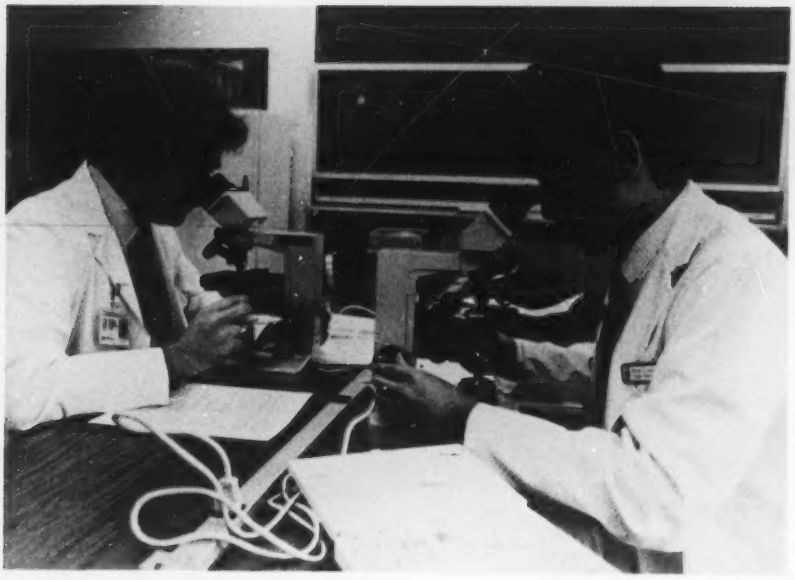
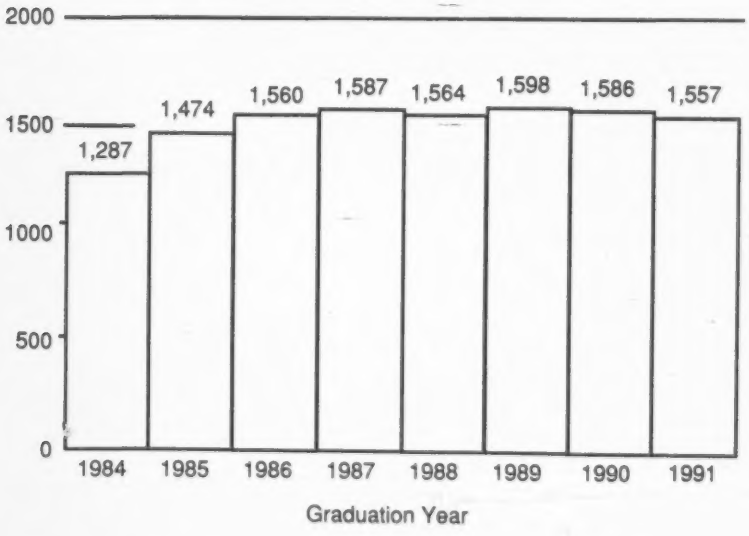


Chart 9

As admissions have slightly declined, there will be small decreases in the number of graduates during the next few years.



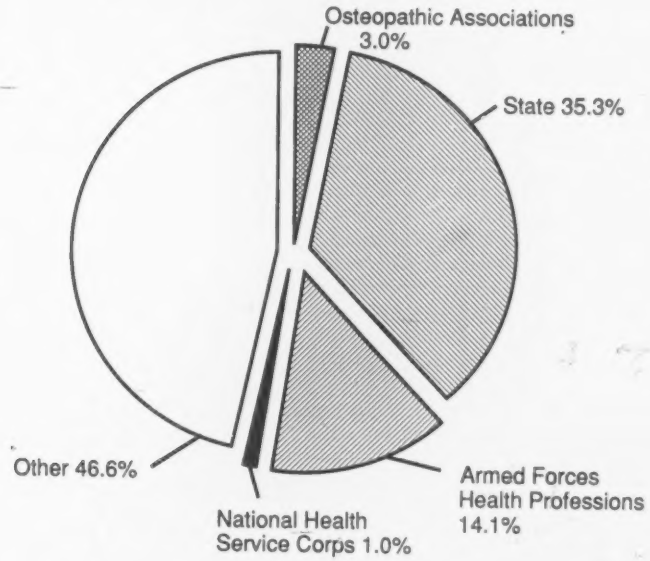
Debts, Scholarships and Loans

Young doctors graduated from osteopathic medical schools with even higher debts in 1987 than in earlier years. Average indebtedness reached a level of $60,000, compared to $55,400 in 1986; a year earlier the graduates owed $49,600. The spiral continues to climb. Among the freshmen, more than a third expect to owe over $70,000 when they graduate.

A majority of the seniors reported that their personal finances were a factor in determining their course of action following internship. Many would have preferred additional study and a specialized residency, but expected to enter family practice in response to economic pressure. For others, the opposite decision led them to extend their specialized study in order to increase their later earnings. Further details on this subject may be found in the AACOM report, Debts and Career Plans of Osteopathic Medical Students in 1987.

Chart 10

One out of three scholarships for the osteopathic medical colleges was provided by state programs.



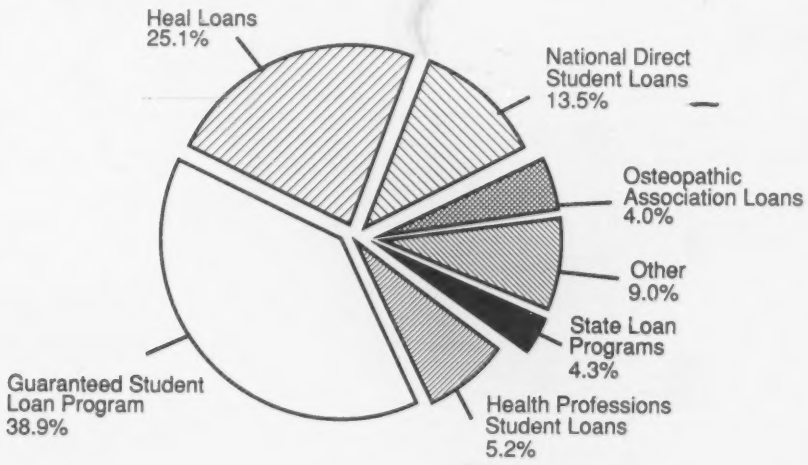
There were 1,305 scholarships in the 15 schools.

Almost all students resorted to making loans; in addition, many were assisted by scholarships. During the 1986-87 school year, students received 1,305 scholarships. They averaged $5,700 in private schools and $2,700 in public schools. Fourteen percent of the scholarships were supplied by the Armed Forces Health Professions but provided almost half the actual funds. Another third of the scholarships and 20 percent of the actual dollars came from state programs. Osteopathic medical schools and their parent universities also contributed.

Students at the colleges averaged more than two loans each during 1987. Most of the loans were supported by federal programs; others were funded by states and by osteopathic associations. More than half of the funding was provided by HEAL loans to 25 percent of the students. The Guaranteed Student Loan Program covered 37 percent of the funding and 39 percent of the loans. Other types of loans included National Direct Student Loans, Health Professions Student Loans, state loans, and loans from osteopathic associations.

Chart 11

About 4 of every 5 loans to students were made under federal programs.



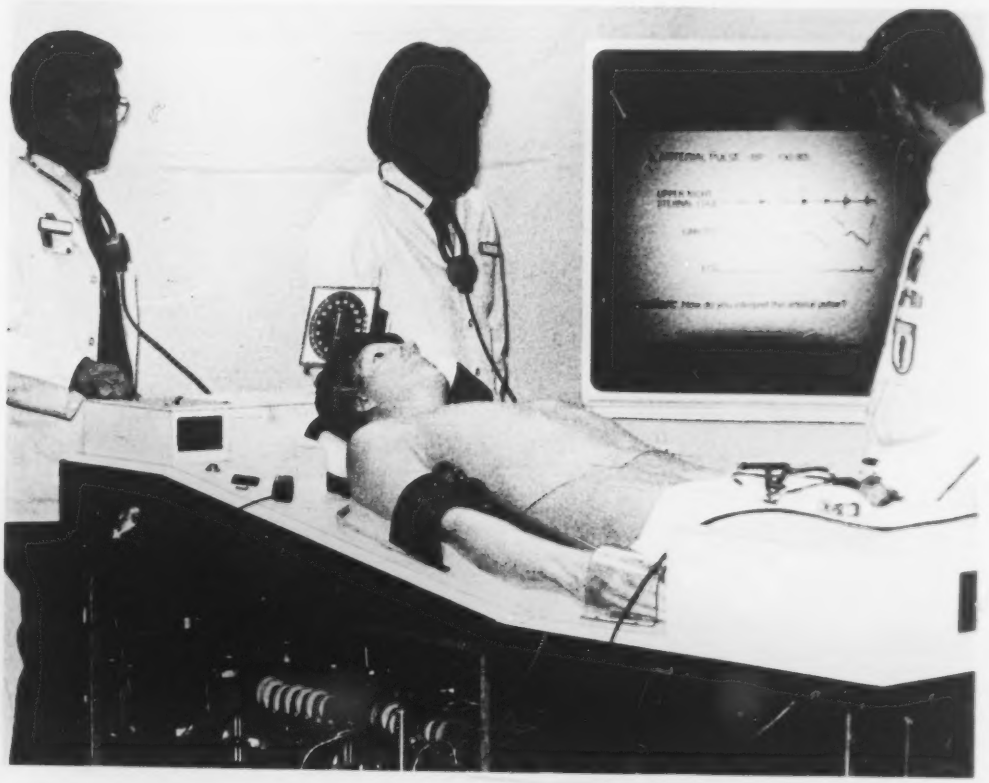
There were 13,949 loans reported by the 15 schools.

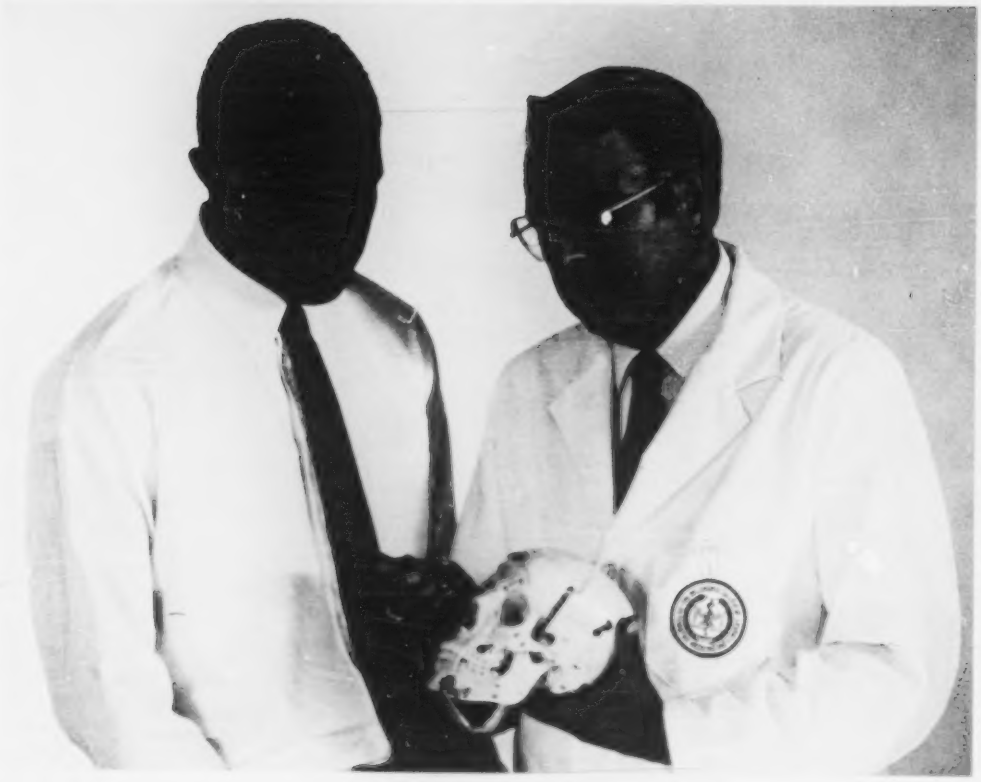
Student Costs

It costs a lot of money these days to turn a student into a well-trained D.O. For the school year 1986-87, average costs for freshmen at the nine private colleges rose by 4.2 percent, bringing the price for home-state single students to $22,060. The principal items making up this cost were $12,934 for tuition and fees, $6,330 for room and board, and $1,986 for books and equipment.

Students attending public colleges in their own states pay less than those from out-of-state. Freshmen in public colleges spent an average of $12,554. This included $4,874 for tuition and fees, $4,912 for room and board, and $1,555 for books and equipment. For students from other states, the cost was $16,744, including $8,728 for tuition and fees. Expenses for out-of-state students rose by 16 percent from the previous year, twice the percentage increase of students in their home state.

Cost data shown here are approximate, and are based on an annual statistical survey of the colleges. They exclude personal expenses, and include transportation costs only when needed as part of training, such as from school to off-site clinics.





Faculty

In 1987-88, more than 5,000 professors taught and provided other faculty services at the 15 osteopathic medical schools. Almost half of these faculty members were volunteers. Close to 31 percent of the full-time faculty taught in the basic sciences. Among the members of the basic science faculty, almost one out of three held the rank of professor; 41 percent were associate professors, and 24 percent were assistant professors. One-fourth of these faculty members taught anatomy, 16 percent taught biochemistry, 17 percent microbiology, 14 percent pharmacology, and 16 percent physiology.

Of all full-time faculty, including the clinical sciences, one out of four were professors, 34 percent associate professors, and 31 percent assistant professors. They concentrated on these areas: General Practice/Family Medicine, Obstetrics/Gynecology, Psychiatry, Radiology, General Surgery, and Anesthesiology. Primary care education is the principal focus of the osteopathic college administrations.

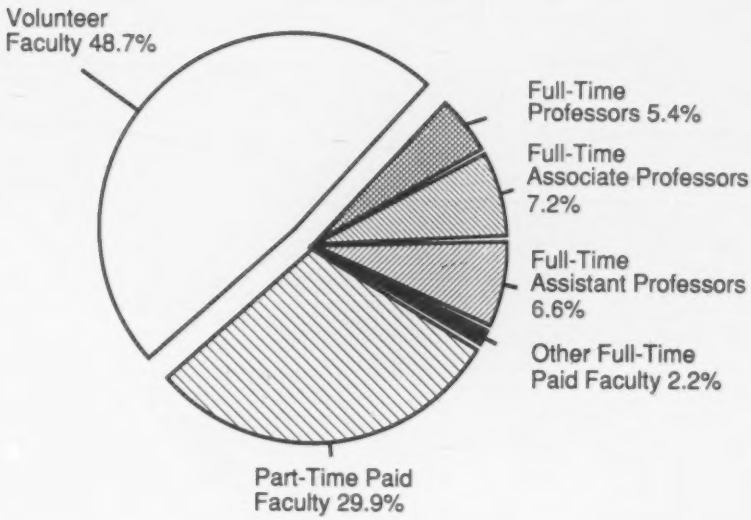
About 15 percent of the basic science faculty taught on a part-time basis. Among the clinical science faculty, 31 percent taught part-time. Half of the members of the part-time faculty were engaged in teaching General Practice/Family Medicine, Internal Medicine, General Surgery, and Obstetrics/Gynecology.

Almost all volunteer faculty taught in the clinical sciences. Their work was dispersed among the various clinical science disciplines.

The numbers of women and ethnic minority members have been increasing during the past several years. This year, close to one out of ten members of the teaching staff were women. While most of the positions held by women were in the clinical sciences, they constituted a larger portion of the relatively small basic science staff; they comprised almost 19 percent of this faculty. During 1987-88, 130 members of the ethnic minority groups were reported as faculty members in 12 of the colleges. The other three schools did not provide this information.

Chart 12

Many volunteers contribute services as members of the faculty.



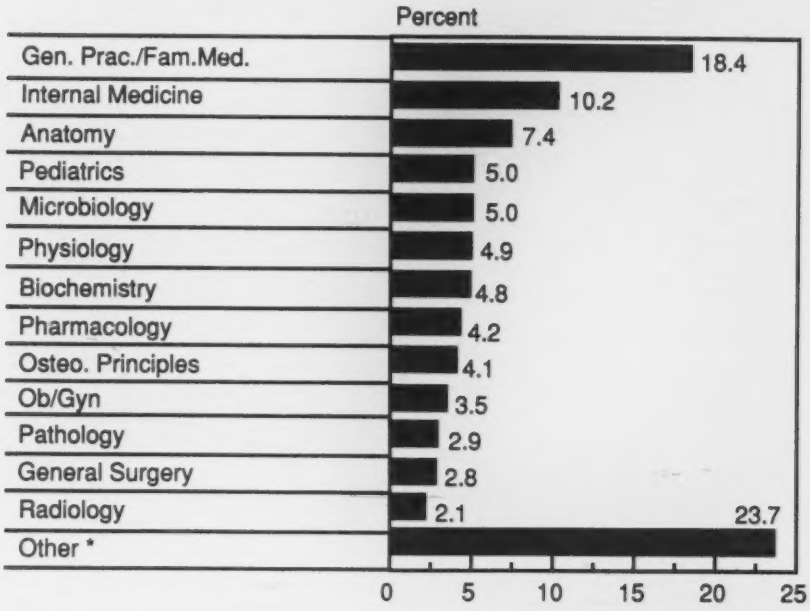
Specialization of Faculty

The schools reported that in 1987-88 more board-certified specialists served on faculties than in previous years. There were 1,426 certified specialists working with the colleges. This includes volunteers, preceptors, part-timers and other faculty members. In addition, 226 members were eligible for certification.

One-fourth of the specialists certified were active in the field of general practice or family medicine. Eleven percent were in internal medicine, and 9 percent in surgery. Other fields on which specialists focused were pediatrics and radiology. The emphasis shown provides further evidence of osteopathic medicine's concern with the provision of primary care.

Chart 13

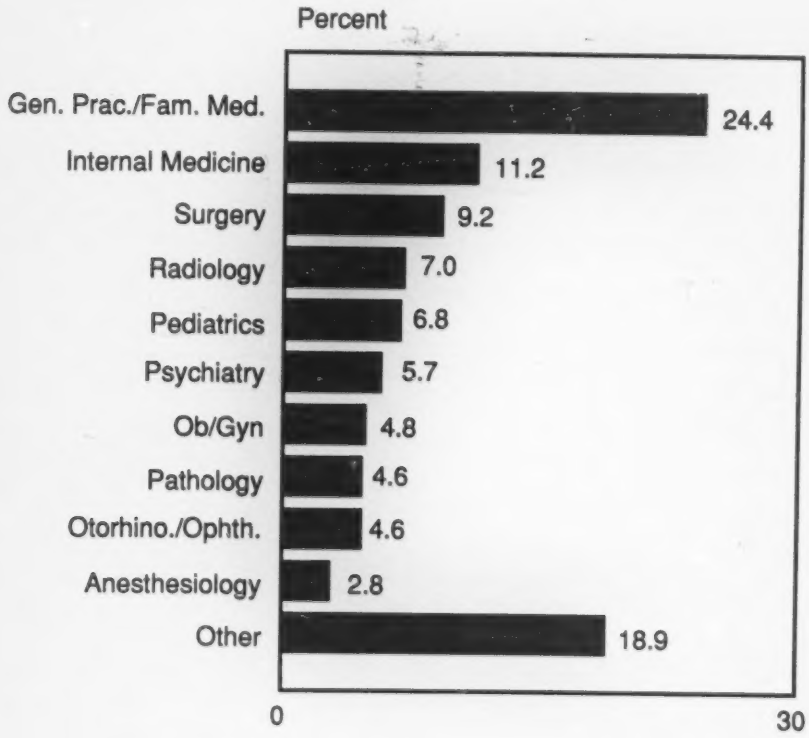
Full-time faculty of the colleges participate in the following disciplines:



* Other disciplines to which one percent or more of the full-time faculty were assigned include: psychiatry, anesthesiology, emergency medicine and orthopedic surgery.

Chart 14

Almost half the board-certified specialists among the college faculty were in the fields of general practice/family medicine, internal medicine, or surgery.



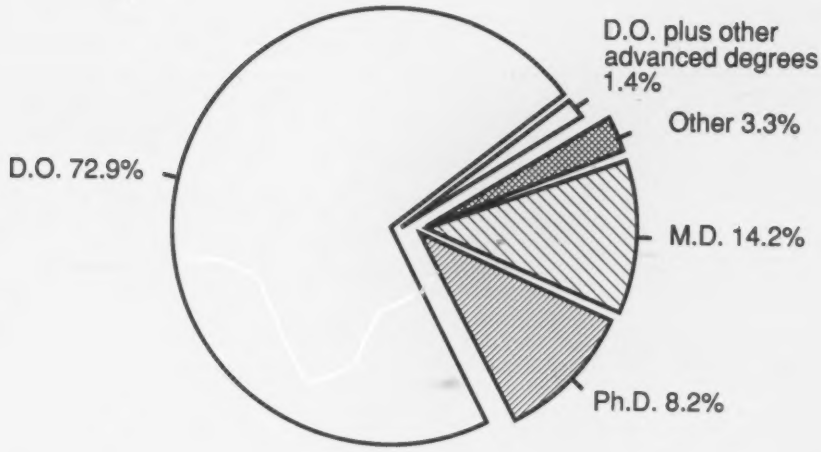
Education of Faculty

Most of the full-time faculty of the osteopathic colleges hold more than one degree. Close to three of every four staff members have D.O. degrees. Eight percent of the faculty hold Ph.D. degrees, and 14 percent M.D. degrees.

There is a substantially higher percentage of Ph.Ds among the public colleges than in the private schools. More MDs are teaching in the private schools than in public colleges.

Chart 15

Seventy-four percent of the full-time faculty of the colleges have attained D.O. degrees. An additional 22% hold M.D. or Ph.D. degrees.



Curriculum

Before awarding the DO degree, the osteopathic medical schools require of their students four years of study, intensive training, and total dedication. The curriculum is designed to prepare the new physician for general practice of osteopathic medicine; the focus is primary care, which is the foundation of osteopathic medicine. However, all the colleges also provide specialized training.

Students devote their first two years to the basic sciences, including anatomy, biochemistry, embryology, histology, immunology, microbiology, pathology and physiology. Several of the schools also offer an introduction to clinical studies during the first two years; this includes general practice, neurology, obstetrics and gynecology, osteopathic manipulation, pediatrics, psychiatry and surgery. During the third and fourth years the students are immersed in clinical practices by means of preceptorships, clerkships and clinical rotations.

The colleges differ in their policies toward electives. Two schools permit them during the first year, 5 in the second year, 9 in the third year, and all but one in the senior year. Several methods are used for grading the students in their course work; these include composite class rank, numerical rank, letter grade, and pass/fail. National Board examinations are generally used to evaluate the effectiveness of the education program. Some schools measure student achievement and the curriculum through feedback from preceptors, hospital personnel, and student reports, as well as regular examinations.

Each of the first two years is divided into semesters or trimesters. Vacation time decreases as the students advance. After the freshmen year, the average vacation time is 12 weeks; after the second year, 8 weeks; after the third, year 2 1/2 weeks. Seven of the colleges do not permit any vacation during the students' third year.

Several of the colleges have reported changes or new emphases in their programs. The principal fields which appear to be expanding are geriatrics and nutrition. In addition, there are new courses in problem solving, a course in literature and medicine, a simulated patient program, courses in socio-medical issues, medical ethics, human sexuality, and ambulatory care clerkships. In addition, some schools reported remedial programs and new curriculum efforts geared to minority recruitment and retention.

Grants and Contracts

Only one school did not report receiving funds from federal and state sources in the form of grants and contracts. The reporting schools received $30 million, slightly more than had been reported the previous year. Most of the funds were used for research purposes; the rest were applied to improve teaching techniques, for service, or for a combination of purposes.

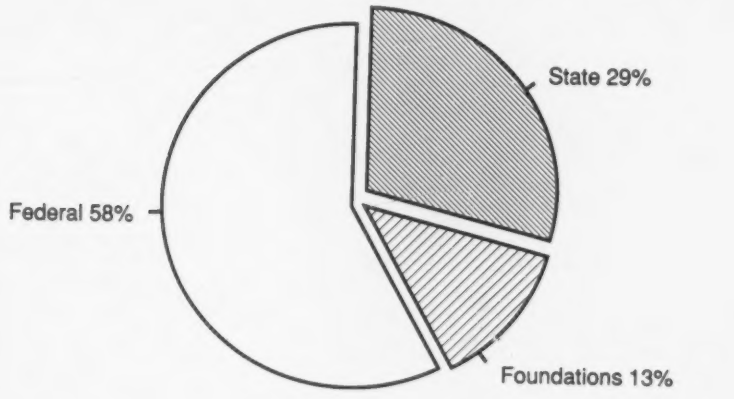
Over $17 million was contributed to the schools by the federal government, an increase of $2 million over the previous year. States contributed $8.5 million, slightly more than the year before. Contributions from foundations were $4 million, a drop from 1985-86.

The public colleges received about a third more in grants and contracts than did the private schools, about $17 million compared with $12.6 million. None of the schools reported grants based on capitation.

Federal contributions ranged from about $160,000 to over $3 million. State funds in one case approached $5 million. One school received a foundation contribution over $1 million, and several received gifts over $200,000. In all, 13 percent of the money received came from foundations.

Chart 16

Over half of the money received by the colleges for grants and contracts came from the federal government.

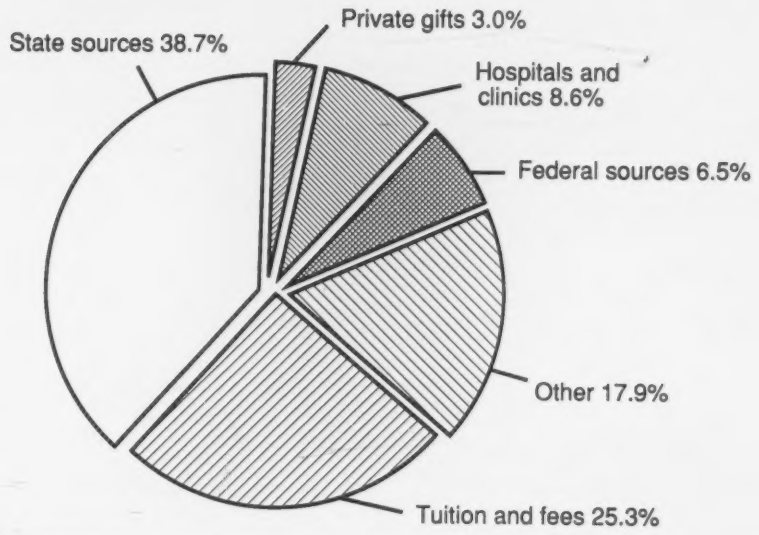


Revenues

As in prior years, state governments continue to be the principal source of revenue for the osteopathic medical schools. The percentage of contributions from the states has been increasing over the past several years, as other sources have languished. Since 1981, resources from state appropriations, grants and contracts have risen from 25 to almost 39 percent of total revenue. Funds from tuition had risen from 19 to 28 percent during those years; in 1986-87 tuition accounted for 25 percent of all revenues. Local governments continued to provide a very limited quantity of funds. Federal funds dropped from 10 percent the previous year to 6 1/2 percent. Revenues from hospitals and clinics remained close to 9 percent of total revenue.

Chart 17

Revenues received by the colleges from hospitals and clinics become part of their regular operating funds. Money from federal sources is restricted in its use, but money from state sources generally is not.

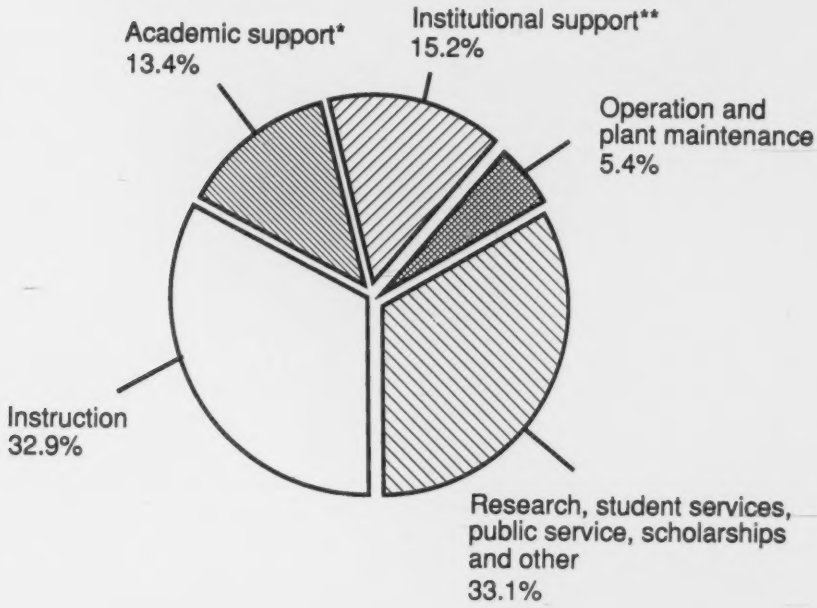


Reports received from 14 osteopathic colleges indicated close to $200 million in revenues had been received in 1986-87. This was 7 1/2 percent less than the amount received a year earlier. Seven percent of the funds received by the private colleges were earmarked for specific projects; among the public colleges 15 percent was similarly restricted.

In addition to the above mentioned contributions, other sources of college revenue included private gifts, medical practice loans, parent-school appropriations, sales and service of educational activities, endowment income, and other unspecified sources. As in the previous year, these sources provided about one-fourth of all reported college revenues.

Chart 18

Close to half the money spent by the osteopathic medical colleges was used for instruction and academic support.



* Academic Support includes educational materials, libraries, machine shop, computer services, animal resource center, etc.

** Institutional Support includes cost of administration, management and planning, fiscal operations, administrative data processing, space management, personnel records, and community and alumni relations.

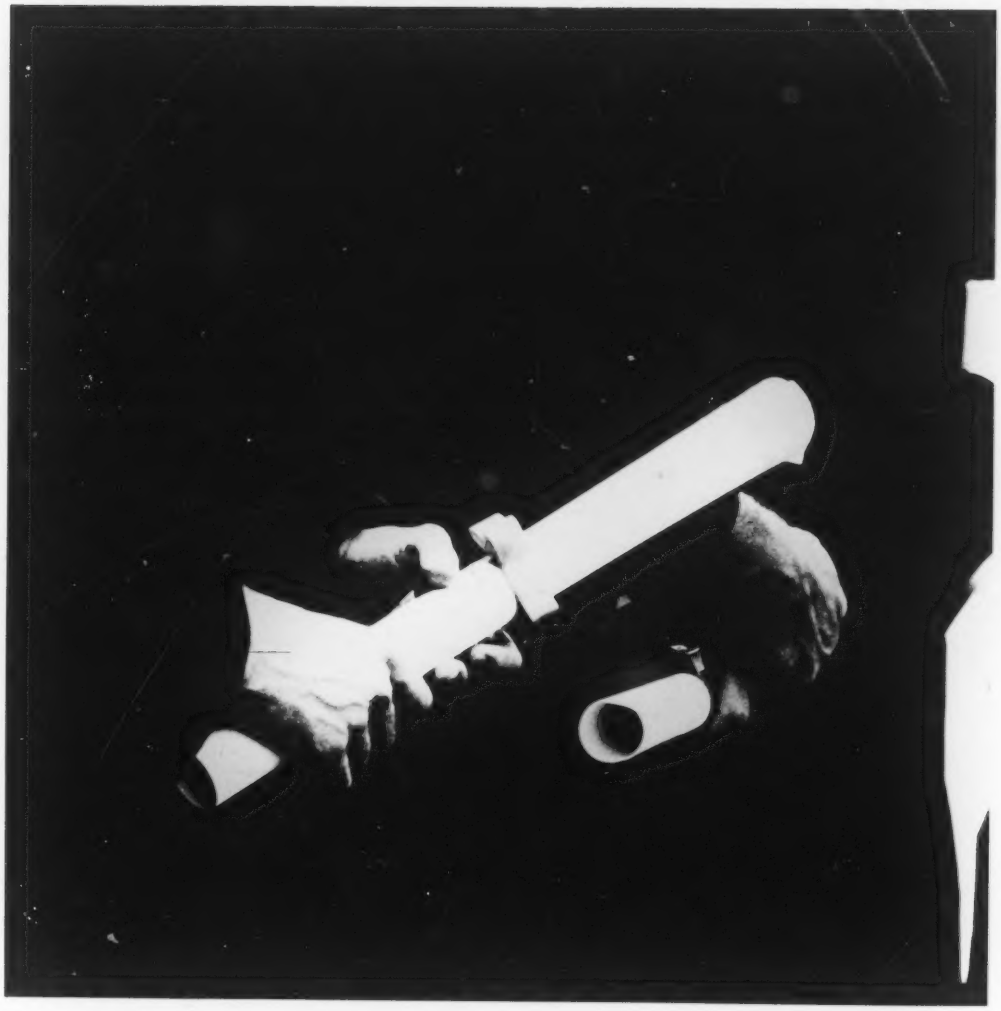
Expenditures

Fourteen of the osteopathic medical schools reported expenditures of $211 million for the academic year 1986-87, about the same as for the previous year. The largest single expenditure was for instruction of students; this came to over $69 million, almost one-third of all costs to the schools.

Other major expenditures were $32 million for institutional support, and $28 million for academic support. All costs were similar to those of the previous year.

The annual cost to the school for each student has been estimated as between $25,000 and $30,000 during the past four years, somewhat higher than during earlier years. These are rough estimates computed by adding all college expenditures except research and public service and dividing the sum by total college enrollment. Costs vary widely among the schools but public schools spend almost twice as much as the private schools for each student.

The schools maintained high standards of osteopathic medical education during an inflationary period, despite rising costs.



Other Publications Available From AACOM

The Education of the Osteopathic Physician - a comprehensive book that provides information essential to the health professions advisor and the prospective student of osteopathic medicine. Included is information on the education process - medical school through internship and residency, licensure, practice options, and history and philosophy of osteopathic medicine. Admissions criteria and brief overviews of the 15 osteopathic medical schools also are provided.

$7.00 per copy

Osteopathic Medical Education - single copies of this brochure are available from AACOM free of charge. Multiple copies are available at $7.50 per 50 copies and $12 per 100.

A Handbook for Minority Applicants - provides information on osteopathic medical colleges to encourage ethnic minorities to apply for admission. Also includes descriptions of the education and training programs of the osteopathic medical colleges, and a summary account of the osteopathic profession.

$.75 per copy
Bulk rates @ $10.00 per 25 copies, $30.00 per 100

College Information Booklet - contains information on the 15 osteopathic colleges, including a brief description of each college, admissions criteria, minimum entrance requirements, supplementary application materials required, an indication of class size or enrollment, application deadlines, and tuition.

$1 per copy
Bulk rates @ $12.50 per 25 copies, $37 per 100

A Guide to Sources of Financial Aid for Osteopathic Medical Students (1985) - a comprehensive listing of financial aid resources available to osteopathic medical students, including descriptions of each program and eligibility criteria.

$6.50 per copy

Application Packet - contains application for the centralized application service, procedures for applying, and college information.

No charge

Other Publications Available From AACOM (Continued)

AACOM Organizational Guide - contains information on the organizational structure of the Association, a list of members of its councils, sections, and committees, and a listing of administrative staff and faculty in the 15 member colleges of osteopathic medicine.

$7.50 per copy

Study on Competency Based Objectives for Undergraduate Osteopathic Medical Education - contains information on the minimum clinical competencies expected of a newly graduated osteopathic physician, the component elements contributing to those competencies, and a timetable for the introduction and/or completion of these competencies. Competency objectives for the five core areas of osteopathic medical education - medicine, surgery, pediatrics, obstetrics/gynecology, and general and family practice - are identified.

$18 per copy

The Debts of Osteopathic Students - a survey that examines indebtedness of osteopathic medical students at the 15 osteopathic colleges. The situations, characteristics, and plans of students are compared at their entrance to osteopathic medical school and just prior to their graduation.

$6.50 per copy